

REQUEST FOR TRAINING

Section 1

Department Data

DATE: _____ DIVISION: _____ SECTION: _____ PHONE #: _____

Section 2

Personnel Data

Social Security Number	Name(s)	Mgr	Supvr	Other

Section 3

Course Information

Title _____
Location _____ Date/Time _____
Offered by _____ Release Time _____ Hours

Section 4

Request

Release Time	Department/Division Directed	Employee Requested

Section 5

Approval/Disapproval

Title	Signature	Date	Yes	No
Supervisor				
Chief				
Director				

Section 6

Costs

Budget Acct. #	Transportation	Tuition/Fees	Per Diem	TOTAL

Requests for Out of State Training must be accompanied by
OUT OF STATE TRAVEL REQUEST - Form ASD001
and approved by the Director.

Request for Training Procedures

Employees, desiring or mandated to receive training offered by their own Division as part of their Division In Service Training Program are not required to complete the DMV/PS Training Request Form. All training, taken outside the Division In Service Training Program must be requested using this form.

DMV/PS Training Requests must be initiated 30 days in advance of the proposed training or 60 days in advance for training requesting advance payment of costs. The Training Request will be routed through your Division Training Representative and noted in your training file. When you have completed the requested training, be certain that you have verified your attendance with your Division Training Representative by providing a copy of a certificate or letter of completion, from the company or agency sponsoring the training.

A copy of any Disapprovals of Training will be maintained in the Employee's training file.

Section 1 : Department Data

Date: day the request is initiated.
Section: fill out assigned duty area by section, bureau, or district.
Phone: A phone number you may be reached during duty/work hours.

Section 2 : Personnel Data

Fill out appropriate sections. (If more than three names are attending the same class, attach a list of the extra names with the required information listed as on the front of this request, or use another separate request.)

Section 3 : Course Information

Title: Actual name or title of Course.
Location: City and State Training is to be held.
Date/Time: List all dates and times you will be attending.
Offered By: Name of the Company or Agency providing the training.
Release Time: Total hours away from your work assignment to attend the training. (This includes travel time)

Section 4 : Request - Check or "X" the appropriate box(es)

Release Time: total time employee is requesting for Administrative Leave to attend the training.
Department/Division Directed: The agency is mandating that the employee(s) attend the Training.
Employee Requested: Training is not mandated but employee states that the training will enhance his/her skills to benefit the Department or Division.

Section 5 : Approval/Disapproval Signatures

Supervisor: Each Division will establish policy as to what level Supervisor will have authority to approve/disapprove.
Division Chief: Approval/Disapproval at this level only necessary when training request includes Fees/Registration, Travel Costs or Per Diem.
Director: Approval/Disapproval at this level only necessary when training request requires OUT OF STATE expenses for travel, fees/registration and per diem.

Section 6 : Costs Total for all employees requesting payment or reimbursement.

Budget Acct. #: Indicate the Division Account Number to be charged
Transportation: Designate type of ground transportation and costs required, i.e. Bus, Taxi, rental car, or private vehicle. If motor pool or Division vehicle used then designate **MP**(motor pool) **SV**(state vehicle) or **PV**(private vehicle)
Tuition/fees: Total cost of fees and Tuition for all employees requesting the training. *Attach all information regarding the name & address and other billing information of the Company or Agency requiring the fee or tuition.*
Per Diem: Indicate total of lodging, and meal expenses for all applicants.

NOTE: All requests for Out of State Training must have attached the Out of State Travel Request- Form ASD001.